

Tobacco Revenue, Use, Spending and Tracking Commission
May 25, 2005
Arizona Department of Health Services
150 North 18th Avenue, Room 540A
Phoenix, Arizona 85007

MINUTES

Members Present: Matthew Madonna – President
Linda Bailey
Wil Counts
Benton Davis
Shelly Hall
Kelly Hsu
Keith Kaback
Hugh Miller
Violet Mitchell-Enos
Babak Nayeri
Dana Russell
Bertha Sepulveda

ADHS Staff: Danny Valenzuela – Deputy Director
Patricia Tarango – Office Chief
Lynda Anderson – Administrative Assistant

Presenters: Bob Leischow – Chronic Disease Office
Kimberly McAdams
Janet Bourbouse – Chronic Disease Office
Nicole Olmstead – Chronic Disease Office
Tiara Kochar - Chronic Disease Office
Renee Cunnien - Chronic Disease Office
Meryl Salit – Office of Tobacco Education and Prevention Program

The meeting was called to order at 10:10am by Matt Madonna – President

Mr. Madonna – Adjustment to the agenda, move Approval of the Minutes after Team Building, explanation of the guidelines on commentary by the public.

Welcome and introduction of the new Director of the Arizona Department of Health Services, Susan Gerard.

Mr. Leischow – Presentation on the Chronic Disease Fund, review of the nine contracts, and renewal requests, majority have asked for an eleven-month extension.

Ms. McAdams – Introduction of members and conducted a team building exercise.

Ms. Tarango – Review of the Strategic Plan

Discussion on the Office of Tobacco Education and Prevention Program's Strategic Plan, completion date, areas of focus: 1) prevention, 2) cessation and 3) secondhand smoke, stakeholder input, review by the TRUST Commission prior to publication.

Mr. Madonna - Chronic Disease Fund is funded by 2% of the 60 cents tax increase from Proposition 303, end of June 2005 revenue close to \$2 million, recommended to the Arizona Department of Health Services that the nine existing contracts be renewed at no cost to the end of June 2006, new Requests for Proposals would be in January 2006.

Mr. Muñoz – There should be more than \$2 million in the fund at the end of the year, the Chronic Disease Plan will be completed in June 2005, plan is based on the Centers for Disease Control's four leading causes of death, no new proposals until the plan is completed.

Discussion on the funding of the contracts, will not lose funding if the contracts are extended, the fund would continue to grow, potential for the new plan to include the existing contracts, accomplishments of the existing contracts, no cost extensions, same dollars, ongoing process, delays with some contractors to begin the contracts, various problems, fund is not tied to the fiscal year.

Mr. Madonna – The no cost extension was based on 1) good faith effort and 2) continued for one more year if they had produced good results so far.

Ms. Tarango – All Arizona Department of Health Services contracts have an option which allows them to be amended for five years.

Dr. Miller – Peer review of goals and objectives, well established, do not fund if not part of the Chronic Disease Plan, must provide deliverables.

Motion - Dr. Miller recommends to the Arizona Department of Health Services to allow the nine funded programs to complete their projects as stipulated but not provide additional funding beyond the original contract as it relates to the Chronic Disease Plan.

Seconded – Dr. Nayeri

Discussion not to reauthorize, be consistent with goals, common cohesive goal, proven track record, need to extend with additional funding, overview of the Plan, finalization of the Plan, additional funds requires additional deliverables, potentially a year before the projects can receive more funding, four projects are close to completion, effectiveness of the projects.

Amended Motion – Dr. Miller recommends to the Arizona Department of Health Services all existing programs be extended with a no cost extension.

Seconded – Dr. Nayeri

Discussion on the process used to award the Request for Proposals, rational to extend the contracts, maintain a presence in the state.

Vote - Motion Passed – 9 Yes, 1 No, 2 Abstentions

Mr. Valenzuela – There has been no negative feedback on the projects, need to decide the best interest for the Arizona Department of Health Services, extend for another year.

Discussion on the Arizona Department of Health Services staff to proceed without the recommendation from the TRUST Commission, alignment with the Chronic Disease Plan,

deliverables, follow the Arizona Department of Health Services staff recommendations and review in 2006, funding, different points of view based on recommendation by the Arizona Department of Health Services staff.

Motion – Ms. Sepulveda recommends the TRUST Commission supports the extension to approve \$685,363.00 through June 2006.

Seconded – Mr. Counts

Discussion on program sustainability, all nine projects are eligible to apply with the new Request for Proposals in 2006, projects should not look to the Arizona Department of Health Services exclusively, obtain funding from other resources, answer concerns with the new Chronic Disease Plan, do not break momentum of current projects, grant monies should be accountable and sustainable.

Vote - Motion Passed – 11 Yes, 1 Abstention

Dr. Miller - Recommends to the Arizona Department of Health Services that in the renewal and continued funding for additional year 2005-2006 the contractor's deliverables should include an evaluation to demonstrate that their project deliverables are consistent with the priorities of the new comprehensive chronic disease plan for the state.

Mr. Madonna - Motion to approve the minutes of March 30, 2005 as corrected.

Dr. Miller - Moved to approve minutes.

Ms. Mitchell-Enos - Seconded.

Minutes approved, 6 Yes, 6 Abstentions

Mr. Madonna – Scheduling of the TRUST Commission meetings for the remainder of 2005. There will be no meeting in June, the July meeting will be July 13, 2005, 9am-3pm, with the following meetings scheduled for the second Wednesday of each month from 10am-2pm.

Ms. Tarango – Review of the 2006 budget, evaluation dollars are centralized and adjusted for this year, media will be added to the evaluation component, expenditures are based on revenue and do not exceed revenues. Gearheadz is earmarked through legislation. Received a Centers for Disease Control grant of \$250,000.00 for ethnic and disparate populations. The 13th month is to close the books and final adjustments. Decrease in revenue due to Proposition 303, Internet sales, and better enforcement.

Ms. Tarango – Media update on secondhand smoke messaging, specific background information to advertising agency, three phase approach: 1) General Awareness, 2) Need to address health impact on those with compromised health, and 3) Influences. April of 2005 shared lessons learned by the American Cancer Society and the American Lung Association. May 2005 reviewed the second presentation on new concepts. A core message evolving to address the need among low socio-economic or ethnic groups, align with the program's goals and services, need to include evaluation.

Ms. Bourbouse – Review of the Chronic Disease Plan.

Ms. Olmstead – History of the Cardiovascular Disease State Plan, planning began in August of 2004, targeted adults 20 years and older and secondary prevention.

Long term objectives to include reduce the number of coronary deaths in Arizona by 25% by 2010, reduce the number of strokes by 20% by 2010, decrease the numbers diagnosed with Cardiovascular Disease by 20% by 2010, increase awareness of the warning signs and symptoms of heart attacks and stroke, establish a surveillance system to identify the true burden on Cardiovascular Disease, establish a core team to advise the Arizona Department of Health Services' Cardiovascular Risk Reduction Program.

Short term objectives to include the increase the number of those diagnosed, increase the availability of automated external defibrillators in the public, increase the number of Emergency Medical Technician training programs and to involve healthcare facilities, providers and first responders, worksites, policy and health marketing.

Cardiovascular Disease State Plan to be finalized in June 2005 with a Kick-off event scheduled for August 2, 2005.

Ms. Kochar – Review of the Comprehensive Cancer Control in Arizona Plan, partnership with public and private stakeholders, reduce the burden of cancer in the areas of prevention, early detection, effective treatment and improving the quality of life of those living with cancer.

Overview of the Comprehensive Cancer Control, began in June 2001 with state leaders, grant from the CDC was approved but not funded, recruited more members, created the structure for the Comprehensive Cancer Control coalition, submitted a proposal to the CDC in 2003 and was awarded a planning grant, partnered with various entities throughout the state.

The Comprehensive Cancer Control Plan will be completed in June 2005 and serve as a road map to guide action in cancer control, avoid duplication on services, prioritize funding and public policy related to cancer, benefits of the State Cancer Plan.

Efforts to date include the community assessment phase was completed, passage of SCR 1027, five committees were established to address the burden of cancer, Steering Committee was established to identify problems, recommend goals and objectives, identify strategies for accomplishing the goals and objectives, prevention, screening and early detection, diagnosis and treatment, quality of life and research.

The Comprehensive Cancer Control Plan will be published in July 2005 with a Kick-off event scheduled for July 2005 and implementation.

Ms. Salit – Review of the Comprehensive Lung Disease Control Plan, COPD is the third leading cause of death, 6% of all deaths in Arizona, seen as a contributing factor of death and may not be listed at all in mortality data, hospitalization date does not include emergency department, urgent care or residents receiving care in Federal facilities, the burden is underestimated because it is not diagnosed until it is clinically apparent and moderately advanced, 70% of patients are under the age of 65.

Smoking tobacco products account for 80 to 90% of deaths, 15% of smokers develop COPD, secondhand smoke is associated with a 10 to 43% increase in the risk of COPD in adults among other risk factors, the risk of developing COPD is inversely related to socio-economic status.

The timeframe is a 3-year plan, goals are to reduce the proportion of adults in Arizona whose activity is limited to chronic lung disease, reduce deaths, there are 8 topics and 15 objectives to the plan.

Ms. Cunnien – Review of the Obesity Prevention Program, the plan is completed and located in the Office of Chronic Disease Prevention and Nutrition Services, budget of \$350,000.00, kick-off in February 2005 in collaboration with the Governor's office Call to Action, promote coordinated approaches to the provision of obesity prevention throughout the state, develop the state's capacity to reduce the incidence of chronic disease and obesity through nutrition and physical activity intervention, develop a comprehensive state plan for nutrition and physical activity involving state leadership, health professionals and communities, establish and maintain a surveillance system to measure the burden of obesity in Arizona.

Collaboration with many entities and the proposed and current projects to include Arizona Project MUNCH (Model for Understanding Childcare Health), future projects are to expand MUNCH, develop coordinated data surveillance system, expand website to include obesity related resources and activities, coordinate partner efforts, provide technical assistance and be the cornerstone in promoting obesity prevention measures statewide.

Ms. Bourbouse – The Chronic Disease Team consisted of the Arizona Department of Health Services staff from Office of Chronic Disease and Prevention Services and the Office of Tobacco Education and Prevention Program, the team was expanded as needed, and the team met once a month, the Plan is broader than the statutory parameters for Proposition 303 funding to include Cardiovascular, Cancer, Lung, diabetes, Nutrition and Physical Activity and Tobacco Education and Prevention, objectives included service delivery, risk factors, target populations, intervention sites and common messaging, categorical plans are complete, it is a 3-year plan, process for ongoing review of the Plan is written into the document.

Completion of the Plan is on schedule, ready for presentation to the TRUST Commission at their next meeting with feedback, revisions and review and approval. The final document will be presented in August 2005.

Mr. Madonna – Moved to adjourn the meeting.

Dr. Miller - Seconded.

Meeting adjourned at 3:50pm.

Patricia Tarango
Office Chief
Office of Tobacco Education and Prevention Program
Arizona Department of Health Services